

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 15, 2014

Ms. Melissa Jackson, Administrator
Vermont Veterans' Home
325 North Street
Bennington, VT 05201-5014

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 30, 2013**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2013
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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	The filing of this plan of correction does not constitute an admission of guilt. Vermont Veterans Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.	
F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and medical record review the facility failed to provide the necessary social services to attain the highest practicable physical, mental and psychosocial well being of each resident for 1 of 3 residents reviewed.</p> <p>On 8/23/2013 and 11/15/2013 there were reports of an incident that allegedly involved a staff to resident altercation resulting in minor physical harm. Per review of the medical record for Resident #1 there are no social service notes nor are there nursing progress notes to address the well-being of the resident following either incident. There was a social service progress note written in July and another dated 9/4/2013 that addressed a discussion involving loss of monies. The next social service note was dated 10/2/2013 and it was an annual note. On 11/15/2013 a note was written that addressed that resident had stated that he had been handled roughly by staff. There are no follow up notes regarding the</p>	F 250	<p>F250 Medically Related Social Services</p> <p>Resident #1 was evaluated by Social Service Director and voices that he has no concerns at this time and feels safe. His care plan was reviewed and reflects his current status.</p> <p>All residents who have voiced an allegation or grievance in the past month were visited by the Director of Social Service and documentation on their psychosocial well-being was documented in the clinical record.</p> <p>Going forward, any resident who voices an allegation or grievance will be followed by the Social Worker assigned to the unit and will have additional visits provided by the Director of Social Services to ensure that psychosocial well-being is being evaluated and documented and care plans reflect the resident's needs.</p> <p>In addition, the Director of Nurses or designee will conduct random audits of documentation of resident's who voice an allegation or grievance to ensure that psychosocial well-being is compliant.</p> <p>Data from the audits will be brought to the Quality Assurance meeting every other month for six months or until the committee determines resolution.</p> <p>The Administrator is ultimately responsible to ensure that medically related social services is being maintained.</p> <p>Compliance Date: January 21, 2104</p>	<p>F250 POC accepted 1/15/14 B. BOAKIRN/PMC</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Melissa A. ... BSW LMSW* TITLE: *Administrator* (X8) DATE: *1/14/14*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 250	Continued From page 1 allegations. This was confirmed by the Administrator at 11:50 AM who requested the Director of Social Services to review the record for any progress notes regarding the alleged incidents. The Director of Social Services confirmed, at 12:40 PM, that there are no notes to address the resident's well-being in either the Social Service or Nursing Progress notes following the allegations.	F 250		